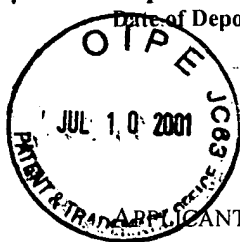


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Express Mail Label No.: EF371230827US

Date of Deposit: July 10, 2001

Attorney Docket No. 14445-501 CIP



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Robert Chalifour  
SERIAL NUMBER: 09/867,847 EXAMINER: Not Yet Assigned  
FILING DATE: May 29, 2001 ART UNIT: 1642  
FOR: VACCINE FOR THE PREVENTION AND TREATMENT OF ALZHEIMER'S AND  
AMYLOID RELATED DISEASES

July 10, 2001  
Boston, Massachusetts

Application Processing Division's  
Customer Correction Branch  
Assistant Commissioner for Patents  
Washington, D.C. 20231

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SEP 06 2001  
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TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

- ☒ Request for corrected filing receipt;
- ☒ Copy of filing receipt marked with corrections; and
- ☒ Return postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at 617-542-6000, Boston, Massachusetts.

Applicants believe that no fee is due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account No. 50-0311, Ref. No. 14445-501 CIP. A duplicate copy of this transmittal letter is enclosed herewith.

Respectfully submitted,

Ivor R. Elrifi, Reg. No. 39,529  
Michel Morency, Limited Recognition  
Shelby J. Walker, Reg. No. 45,192  
Attorneys for Applicants  
c/o MINTZ, LEVIN  
One Financial Center  
Boston, Massachusetts 02111  
Tel: (617) 542-6000  
Fax: (617) 542-2241

Express Mail Label No.: EF371230827US

Date of Deposit: July 10, 2001

Attorney Docket No. 14445-501 CIP

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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EXAMINER: Not Yet Assigned

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Assistant Commissioner for Patents  
Washington, D.C. 20231RECEIVED  
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## REQUEST FOR CORRECTED FILING RECEIPT

- Applicants request a Corrected Filing Receipt for the above-mentioned patent application. Applicants enclose a copy of the Filing Receipt with the corrections noted thereon. Issuance of a corrected filing receipt is respectfully requested.
- There are errors with respect to the following data, which are:
  - ☐ incorrectly entered
  - and/or*
  - ☒ omitted.

*Error in**Correct data*

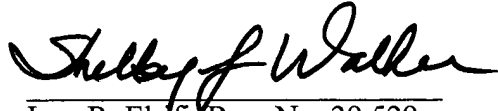
- ☐ Applicants' name
- ☐ Applicants' address
- ☐ Title
- ☐ Filing Date
- ☐ Serial Number
- ☐ Foreign/PCT Application
- ☐ Continuing Data
- ☒ Other: Attorney's Address

Ivor R. Elrifi, Ph.D.  
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.  
One Financial Center  
Boston, MA 02111

Applicants: Robert Chalifour  
U.S.S.N. 09/867,847

3. ☒ Applicants believe that no fee is due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account No. 50-0311, Ref. No. 14445-501 CIP.
4. Other documents:
- ☐ Copy of Limited Recognition Under 37 C.F.R. §10.9(b) for Michel Morency.

Respectfully submitted,



Ivor R. Elrifi, Reg. No. 39,529  
Michel Morency, Limited Recognition  
Shelby J. Walker, Reg. No. 45,192  
Attorneys for Applicants  
c/o MINTZ, LEVIN  
One Financial Center  
Boston, Massachusetts 02111  
Tel: (617) 542-6000  
Fax: (617) 542-2241

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WASHINGTON, D.C. 20231  
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Bib Data Sheet

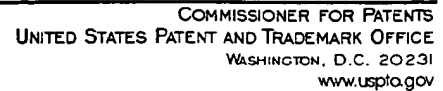
CONFIRMATION NO. 8081

<b>SERIAL NUMBER</b> 09/867,847	<b>FILING DATE</b> 05/29/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 14445-501 CIP
<b>APPLICANTS</b> Robert Chalifour, Ile Bizard, CANADA; Lise Herbert, Brossard, CANADA; Xianqi Kong, Dollard-des-Ormeaux, CANADA; Francine Gervais, Ile Bizard, CANADA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/724,842 11/28/2000 WHICH CLAIMS BENEFIT OF 60/168,594 11/29/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 06/19/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 39
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> Ivor R Elrifi Phd MINTZ, LEVIN, COHN, FERRIS, GLOVSKY and POPEO, P.C. One Financial Center Boston ,MA 02111				
<b>TITLE</b> Vaccine for the prevention and treatment of alzheimer's and amyloid related diseases				
<b>FILING FEE RECEIVED</b> 606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/867,847	05/29/2001	1642	606	14445-501 CIP N	7	39	5

**MINTZ, LEVIN, COHN, FERRIS,  
GLOVSKY and POPEO, P.C.**  
One Financial Center  
Boston, MA 02111

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JUN 25 2001  
MINTZ LEVIN, BODIN  
PATENT DOCKET DEPT.

Date Mailed: 06/20/2001

☒ Data Entry      Done By ML  
☐ Docket Entry      \_\_\_\_\_  
☒ Docket Cross Off      ML \_\_\_\_\_  
☐ Previously Entered  
☐ No Docketing Req  
☐ ELITE  
☐ Amnigitts